

## City of Garden City

100 Central Avenue \* Garden City, Georgia 31405 \* FAX 912-966-7792

### PREVIOUS EMPLOYMENT REFERENCE RELEASE FORM

TO: \_\_\_\_\_  
(The previous employer you are giving for an employment reference)

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Department/Supervisor: \_\_\_\_\_

I, \_\_\_\_\_ have made application for employment with the City of Garden City, and authorize the release of information related to my previous employment with your company with my signature below.

Signature \_\_\_\_\_

Date \_\_\_\_\_ (Applicant do not write below this line.)

Employer please verify: Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_; Job title at time of termination \_\_\_\_\_

Factors Rated	Excellent	G o o d	Average	B e l o w Average
Work Ethic				
Attendance				
Quality of Work				
Motivation				
Attitude/Personality				
Team Oriented				
Dependability				
Overall Competency				
Supervisory Skills				
Other:				

Would you rehire the applicant? \_\_\_\_\_ Yes, without reservation; \_\_\_\_\_ Maybe depending upon circumstances; \_\_\_\_\_ No, not eligible for rehire due to company policies.

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_